

***IN THE UNITED STATES PATENT AND TRADEMARK OFFICE***

Applicant: Dallas L. Clouatre  
 Title: (-)-HYDROXYCITRIC ACID  
 FOR CONTROLLING  
 INFLAMMATION  
 Appl. No.: 10/612,648  
 Filing Date: 7/2/2003  
 Examiner: Zohreh A. Fay  
 Art Unit: 1612  
 Confirmation Number: 3676

<b>CERTIFICATE OF ELECTRONIC TRANSMISSION</b>	
I hereby certify that this paper is being electronically transmitted to the United States Patent and Trademark Office, Alexandria, Virginia on the date below.	
<u>Dawn Daniel</u> (Printed Name)	
<u>Dawn Daniel</u> (Signature)	
07/2/03 (Date of Deposit)	

**AMENDMENT TRANSMITTAL**

Mail Stop Amendment  
 Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

Small Entity status under 37 C.F.R. § 1.9 and § 1.27 has been established by a previous assertion of Small Entity status.

The fee required for additional claims is calculated below:

Claims As Amended	Previously Paid For	Extra Claims Present	Additional Rate	Claims Fee

Total Claims:	6	-	6	=	0	x	\$52.00	=	\$0.00
Independent Claims:	1	-	1	=	0	x	\$220.00	=	\$0.00
First presentation of any Multiple Dependent Claims: + \$390.00								=	\$0.00
								CLAIMS FEE TOTAL	= \$0.00

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[ X ] Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

[ ] Extension for response filed within the first month:	\$130.00	\$0.00
[ ] Extension for response filed within the second month:	\$490.00	\$0.00
[ X ] Extension for response filed within the third month:	\$1,110.00	\$1,110.00
[ ] Extension for response filed within the fourth month:	\$1,730.00	\$0.00
[ ] Extension for response filed within the fifth month:	\$2,350.00	\$0.00
EXTENSION FEE TOTAL: \$1,110.00		
[ ] Statutory Disclaimer Fee under 37 C.F.R. 1.20(d):	\$140.00	\$0.00
CLAIMS, EXTENSION AND DISCLAIMER FEE TOTAL: \$1,110.00		
[ X ] Small Entity Fees Apply (subtract ½ of above):	\$555.00	\$555.00
Extension Fees Previously Paid: \$0.00		
TOTAL FEE: \$555.00		

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A credit card payment form in the amount of \$555.00 is enclosed.

The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by the credit card payment form being unsigned, providing incorrect information resulting in a rejected credit card transaction, or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

If any extensions of time are needed for timely acceptance of papers submitted herewith, applicant hereby petitions for such extension under 37 C.F.R. §1.136 and authorizes payment of any such extensions fees to Deposit Account No. 19-0741.

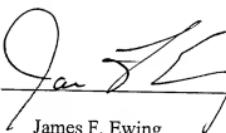
Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date Feb 12, 2010

FOLEY & LARDNER LLP  
Customer Number: 48329  
Telephone: (617) 342-4088  
Facsimile: (617) 342-4001

By



James F. Ewing  
Attorney for Applicant  
Registration No. 52,875